## SENATOR ZELL B. MILLER'S INTERNSHIP PROGRAM PERSONAL INFORMATION: NAME: LAST FIRST MI BIRTH DATE: MM/DD/YYYY PARENTS NAMES: SOCIAL SECURITY NUMBER: / / HOME ADDRESS:\_\_\_\_\_ CITY STATE COLLEGE: YEAR IN SCHOOL: \_\_\_\_ CAMPUS ADDRESS:\_\_\_\_\_ STREET TELEPHONE: (Home) (School) MAJOR: \_\_\_\_\_ GPA: \_\_\_\_ **EMPLOYMENT HISTORY: EMPLOYER** POSITION/TYPE OF WORK DATES PLEASE ATTACH AN OFFICIAL TRANSCRIPT TO THIS APPLICATION. INTERNSHIP LOCATION PREFERENCE: (Circle) Atlanta, GA Washington, DC Please submit an essay explaining why you would like to participate in the internship program. Include how the program will benefit your academic/career goals, legislative areas of particular interest, and what contributions you believe you can make to the program. Return signed application, transcript, essay and any recommendations to: Senator Zell Miller Attn: Intern Coordinator 257 Dirksen Senate Bldg

Washington, DC 20510